

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
BEAUMONT DIVISION

JUN 18 2018

EDWARD J. GLADNEY, #80179-279
Plaintiff's Name and ID Number

BY _____
DEPUTY _____

USP COLEMAN 2
Place of Confinement

CASE NO. 1:18cv293
(Clerk will assign the number)

v.

UNITED STATES OF AMERICA, 950 PENNSYLVANIA AVE, NW, WASHINGTON, DC 20530
Defendant's Name and Address

DALLAS B. JONES, P.O. Box 26035, BEAUMONT, TX 77720
Defendant's Name and Address

J. HARTER, P.O. Box 26035, BEAUMONT, TX 77720
Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed any other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: August 28, 2017
2. Parties to previous lawsuit:
Plaintiff(s) EDWARD J. GLADNEY
Defendant(s) THE UNITED STATES OF AMERICA
3. Court: (If federal, name the district; if state, name the county.) DISTRICT OF ARIZONA
4. Cause number: 4:17-cv-00427-DCB
5. Name of judge to whom case was assigned: DAVID C. BURY
6. Disposition: (Was the case dismissed, appealed, still pending?) Pending
7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: UNITED STATES PENITENTIARY COLEMAN-2

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ✓ YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: EDWARD JORODGE GLADNEY, #
USP COLEMAN-2, P.O. BOX 1034, COLEMAN, FL 33521

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: UNITED STATES OF AMERICA
950 PENNSYLVANIA AVE., NW, WASHINGTON, D.C. 20530

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Negligently Failed to Use Reasonable Care

Defendant #2: WARDEN DALLAS B. JONES
P.O. BOX 26035, BEAUMONT, TX 77720

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to Train and Supervise Staff

Defendant #3: J. HARTER
P.O. BOX 26035, BEAUMONT, TX 77720

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Intentionally Interfered With Prescribed Medications

Defendant #4: J. RICHARDSON
P.O. BOX 26035, BEAUMONT, TX 77720

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Intentionally Interfered With Prescribed Medications

Defendant #5: DOTSON
P.O. BOX 26035, BEAUMONT, TX 77720

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to Return Medications Once Made Aware

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

CLAIM ①

On August 17, 2017, between 7:30pm(CT) and 10:30pm(CT), while housed in the Special Housing Unit at USP Beaumont, Lieutenant J. Harter directed various officers to forcefully place me in alternate clothing and linen as a form of punishment, causing pain and suffering.

CLAIM ②

On August 17, 2017, between 7:30pm(CT) and 10:30pm(CT), while housed in the Special Housing Unit at USP Beaumont, Lieutenant J. Harter directed S. Olivas and J. Richardson to Confiscate my prescribed medications as a form of punishment, causing pain and suffering.

VI.

RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Punitive and Other Monetary Damages in the Sum of \$5,500,000.⁰⁰ or decided by a Jury.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Shay

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

SPN# 02046464

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case number:

3. Approximate date sanctions were imposed:

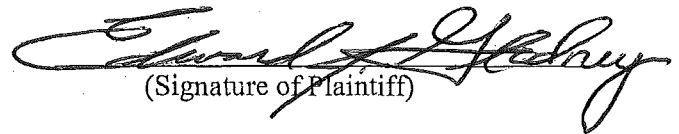
4. Have the sanctions been lifted or otherwise satisfied? YES NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

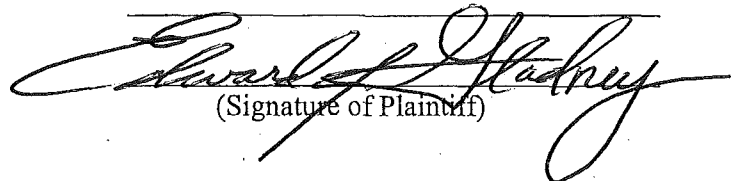
Executed on: 6/5/18
DATE


(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 5th day of JUNE, 20 18.
(Day) (month) (year)


(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

(cont.)

Defendant's Name and Address:

J. RICHARDSON, P.O. Box 26035, BEAUMONT, TX 77720

DOTSON, P.O. Box 26035, BEAUMONT, TX 77720

S. OLIVAS, P.O. Box 26035, BEAUMONT, TX 77720

Carrizal, P.O. Box 26035, BEAUMONT, TX 77720

Dr. Lucas, P.O. Box 26035, BEAUMONT, TX 77720

Dr. Sreedhar Polavarapu, P.O. Box 26035, BEAUMONT, TX 77720

(cont.)

IV. PARTIES TO THIS SUIT:

B.

Defendant #6: S. Olivas (Officer)

P.O. Box 26035, BEAUMONT, TX 77720

Intentionally Interfered With Prescribed Medications

Defendant #7: Carrizal (Officer)

P.O. Box 26035, BEAUMONT, TX 77720

Failed to Return Medications Once Made Aware

Defendant #8: Dr. Lucas (Psychologist)

P.O. Box 26035, BEAUMONT, TX 77720

Failed to Perform Regular Job Duties and Aid/Assist
Once Made Aware

Defendant #9: Dr. Sreedhar Polavarapu (M.D)

P.O. Box 26035, BEAUMONT, TX 77720

Failed to Perform Regular Job Duties and Aid/Assist
Once Made Aware



U.S. Department of Justice

Federal Bureau of Prisons

South Central Regional Office

*U.S. Armed Forces Reserve Complex
344 Marine Forces Drive
Grand Prairie, Texas 75051*

MAY 29 2018

DATE MAILED:

Certified Receipt: 7017 0190 0000 5314 2826

Edward Gladney
Reg. No. 80179-279
USP Coleman II
P.O. Box 1034
Coleman, FL 33521

Re: Administrative Tort Claim No. TRT-SCR-2018-2473

Dear Mr. Gladney:

Your claim has been investigated and considered for administrative settlement under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 2671-2680, and authority granted by 28 C.F.R. § 0.172. You seek a total of \$11,690,600.00 in monetary damages for damages and injuries you allege you sustained in connection with the treatment you received for your medical condition while you were housed at the Federal Correctional Complex, Beaumont, Texas (FCC-Beaumont).

Section 2672 of the FTCA delegates to each federal agency the authority to consider, determine, and settle any claim for money damages against the United States for loss of personal property or injury caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment.

Medical care at FCC Beaumont is provided by League Medical Concepts (LMC), an independent contractor, as part of a comprehensive managed health care contract. In accordance with 28 U.S.C. § 2671, the United States Government is not responsible for the actions or omissions of independent contractors. Additionally, a review of your medical records demonstrates you were issued medications by LMC staff during much of the timeframe in question. Your claim is therefore denied in its entirety. However, if you wish to pursue a claim for injury resulting from the alleged negligence of LMC, you may present your claim to the following address:

League Medical Concepts
3027 Marina Bay Drive, Suite 110
League City, TX 77573

Tort Claim TRT-SCR-2018-2473
GLADNEY, Edward
Reg. No. 80179-279
Page Two

If you are not satisfied with this decision, you have six (6) months from the date of this letter in which to file a lawsuit in the appropriate United States District Court.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Sickler", with a long horizontal flourish extending to the right.

Jason A. Sickler
Regional Counsel

JAS/cmh

Clerk of Court:

Payment via check was sent to you for the
filing fee on 6/13/18, from my mother
Josephine Gladney.

6/14/18

Regards,
Edward J. Gladney

EDWARD J. GLADNEY, #80179-219

USP COLEMAN II

P.O. BOX 1034

COLEMAN, FL 33521

(352)689-7000

